SUPERIOR COURT FOR THE DISTRICT OF COLUMBIA CIVIL DIVISION

KATHERINE MUSGROVE)
6840 Knox Lane)
Harrison, OH 45030	
and)
BRANDON MUSGROVE)
6840 Knox Lane)
Harrison, OH 45030)
Plaintiffs,)
V.))
CECADE CANTANCELO M.D.	Civil Action No. 2022 CA 003382 M
CESARE SANTANGELO, M.D. 4751 Reservoir Road, N.W.)
Washington, DC 20007)
washington, DC 20007)
and	
WASHINGTON SURGI-CLINIC, INC.)
2112 F Street, N.W., Ste. 400)
Washington, D.C. 20037)
Serve:	
Cesare Santangelo, M.D.,)
2112 F St., N.W., Ste. 400)
Washington, DC 20037)
and)
C. PAPRAH, CRNA	
2112 F Street, N.W., Ste. 400)
Washington, D.C. 20037	,)
.,	,)
Defendants)

COMPLAINT

COME NOW the Plaintiffs, by and through undersigned counsel, Catherine D. Bertram and Bertram Law Group, PLLC, and file this complaint against the Defendants

Cesare Santangelo, M.D., Washington Surgi-Clinic, Inc. and C. Paprah, CRNA for the grounds set forth below:

JURISDICTION AND VENUE

- 1. The jurisdiction of this Court is founded on D.C. Code § 11-921 as the events and damages set forth herein all occurred in the District of Columbia.
- 2. Written notice of the allegations and claims was given to the Defendants more than 90 days prior to the filing of this action thus meeting the pre-suit notice requirement set forth in DC Code 28-1602 et seq.

PARTIES

- 3. Plaintiff Katherine Musgrove is an adult citizen who currently resides in Ohio.
 - 4. Plaintiff Brandon Musgrove is an adult citizen who currently resides in Ohio.
- 5. At all times relevant to the claims stated herein, Plaintiffs Katherine Musgrove and Brandon Musgrove were married to each other.
- 6. At all times relevant, Defendant Washington Surgi-Clinic, Inc. was in the business of providing health care services to women through its employees and/or real and/or ostensible agents in the District of Columbia, including Plaintiff Katherine Musgrove.
- 7. At all times relevant, Defendant Dr. Cesare Santangelo was acting within the course and scope of his employment with Defendant Washington Surgi-Clinic, Inc.
- 8. At all relevant times, Defendant Dr. Santangelo held himself out as an experienced and competent obstetrician.

- 9. At all times relevant, Defendant Washington Surgi-Clinic, Inc. held itself out to the public as a health care organization providing health care, and its actual and/or apparent agents, servants and/or employees possessed that degree of skill, expertise, knowledge, and ability ordinarily possessed by reasonably prudent and competent like health care providers in the District of Columbia.
- 10. Upon further information and belief, C. Paprah, CRNA was an apparent agent and/or actual agent and/or employee of Defendant Washington Surgi-Clinic, Inc. and/or Dr. Santangelo and provided medical services to Plaintiff during the relevant events described herein.
- 11. Defendants Washington Surgi-Clinic Inc. and Dr. Santangelo are sued both directly and vicariously based on the actions of their actual and/or apparent agents, servants and/or employees.

FACTS

- 12. Plaintiff Katherine Musgrove contacted the Defendant Washington Surgi-Clinic, Inc., and Dr. Santangelo after she learned from her treating healthcare providers that the fetus had severe congenital defects not compatible with long term survival and that for medical reasons the pregnancy needed to be terminated.
- 13. Plaintiffs were assured by agents and employees of Defendant Washington Surgi-Clinic, Inc., including Dr. Santangelo and other agents, that Mrs. Musgrove was a safe and appropriate candidate for late term termination of her pregnancy at Defendants' facility and it was promptly scheduled.

- 14. As a result of Defendants' assurances, Mrs. Musgrove presented to the Washington Surgi Clinic in Washington, D.C. on or about August 15, 2019, for initiation of the elective termination for medical reasons.
- 15. The termination was performed by Defendant Cesare F. Santangelo, MD and CRNA Paprah.
- 16. On or about August 15, 2019, Defendant Dr. Santangelo inserted jumbo laminaria sticks to soften Mrs. Musgrove's cervix. Mrs. Musgrove was instructed to return to the Washington Surgi Clinic on August 16, 2019.
- 17. As instructed by Defendants, Mrs. Musgrove returned to the Washington Surgi Clinic on August 16, 2019. Upon information and belief, extra-large sticks were added, and Mrs. Musgrove was given instructions to return on August 17, 2019.
- 18. On or about August 17, 2019, Mrs. Musgrove presented to the Washington Surgi Clinic for the elective second trimester termination with Defendants Santangelo and Paprah.
- 19. Upon information and belief, Defendants determined, or with reasonable certainty should have determined, that the fetus was not alive prior to the procedure.
- 20. Upon information and belief, Mrs. Musgrove and her husband were not informed of this key fact until after the procedure and they were not given the other reasonable and less risky alternatives given the fetal demise prior to the procedure.
- 21. Upon information and belief, Mrs. Musgrove was administered conscious sedation by Defendant C. Paprah, CRNA. Plaintiffs are not certain of the spelling of the CRNA's name. The medical records provided to the patient by Defendants are incomplete

and many signatures and entries are illegible despite multiple requests for complete and legible records.

- 22. The procedure was started at 1330. Initial blood pressure recorded by CRNA Paprah was 100/64 and a heart rate of 100. Per the anesthesia record, Mrs. Musgrove was in recovery at 1355 with the last vital signs recorded by CRNA Paprah as a blood pressure of 90/46 and heart rate of 100. Ms. Musgrove received 1000 ml of lactated ringers.
- 23. According to Defendants' records, upon arrival to PACU (post anesthesia care unit) after the procedure, Mrs. Musgrove's vitals were recorded as a blood pressure of 86/59 and a heart rate of 100. Repeated vital signs at 1405 recorded a blood pressure of 94/64 and a heart rate of 95.
- 24. According to the largely illegible procedure records, Defendant Dr. Santangelo performed a dilation "51 cm #16" and curettage "yes" and a second trimester abortion. No formal procedure report or operative report has been produced despite repeated requests. The limited notes state that the products of conceptions were normal and complete. Uterine contents were 23 weeks. Stereomicroscopic exam noted fetal pars and placental tissue were seen.
- 25. It was documented at 1430 that Mrs. Musgrove was discharged in stable condition at 1420.
- 26. However, in reality Mrs. Musgrove was not discharged as was documented but remained at the Washington Surgi Clinic with very troubling symptoms.
- 27. There is a note entered at an unknown time that stated what is believed to be the following "Been watching pt. for 2 hrs seems stable but repeat HCT 24%. Will send to

hospital for evaluation and possible transfusion and rule out possible uterine perforation. Pt. stable and alert and awake. Do not want her to travel 8 hours by car without being evaluated first." Blood pressures during this time are difficult to read the times and values. The last blood pressure was recorded at 1555 and was 89/60. There are no heart rates, respiratory rates, oxygen saturations documented. Additionally, there are no cardiac monitoring strips or documentation of Mrs. Musgrove's cardiac rhythm.

- 28. Mrs. Musgrove was transported to George Washington University Hospital by EMS. Per the EMS documentation, they were dispatched for uncontrollable bleeding. Per the EMS narrative, Mrs. Musgrove suffered an episode of hemorrhage after undergoing a termination pregnancy procedure at 23 weeks gestation. Mr. Musgrove reported the reason for the termination was due to health issues for both Mrs. Musgrove and the fetus. Mrs. Musgrove had lost approximately 200 cc of blood and had borderline hypotension. Vital signs at 1630 according to EMS were blood pressure 110/72, heart rate 86, respirations 18, and pulse oximetry 98% and a pain score of 8/10. Mrs. Musgrove was transported as a priority 2 to George Washington University Hospital (GW Hospital) Emergency Department and arrived at 1633. Vital signs were repeated at 1637 and were blood pressure 100/52, heart rate 116, respirations 18, pulse oximetry 98% and pain score 8/10.
- 29. Upon arrival to GW ED, Mrs. Musgrove is seen in triage at 1645 who noted Mrs. Musgrove had a D & C at 23 weeks, vaginal bleeding, hypotension at the clinic, was given 1 lactated ringers, was alert and oriented x 4, speech was clear and coherent, and she was pale appearing. Vital signs taken by Micaela Oliveros at 1643 were blood pressure

- 100/52, pulse 116, respirations 14, pulse oximetry 97%, pain score 8/10 located in the bilateral abdomen, was acute and cramping.
- 30. At 1700, Mrs. Musgrove is evaluated by Caroline Schulman, MD. Dr. Schulman documented that Mrs. Musgrove was treated at the Washington Surgi Clinic for a pregnancy termination, which began at 1300 due to significant fetal deformity. After the procedure there was concern for hypotension and Mrs. Musgrove reported she had lost 200 cc of blood during the procedure. Dr. Schulman reviewed the documentation from the Washington Surgi Clinic and noted systolic blood pressures in the 80's and one liter of lactated ringers was administered. Additionally, Dr. Schulman specifically noted that no Pitocin had been administered to Mrs. Musgrove while at the Washington Surgi Clinic. Mrs. Musgrove reported that she was having suprapubic abdominal pain and she had to change her peri pad once since the procedure.
- 31. Dr. Schulman's physical examination was positive for Mrs. Musgrove's skin being pale, she was tachycardic, she had blood clots in the vaginal vault for which approximately 100 cc of blood clot was removed, her cervical was grossly closed under speculum exam, and she had a slow ooze of blood vaginally.
- 32. A CBC was resulted at 1726 and noted Mrs. Musgrove's WBC were elevated at 17.39, and her hemoglobin was 9.4 and hematocrit was 29.3, both low. The CBC was repeated at 1950, and Mrs. Musgrove's hemoglobin was 8.5 and hematocrit was 27.7. Both had decreased since the previous result at 1726.
- 33. Mrs. Musgrove is reevaluated by Dr. Schulman. Mrs. Musgrove continued to have a slow ooze of blood. OB/GYN was consulted and were at the bedside at 1730.

- 34. Mrs. Musgrove is evaluated by Julia Whitley, MD, PGY1 and Whitney Barnes, MD, attending OB/GYN. Dr. Whitley reviewed the Washington Surgi Clinic records. Per Dr. Whitely, Mrs. Musgrove's blood pressures post-procedure in recovery were 80-93/49-64 and her hematocrit had dropped from 32 to 24. Mrs. Musgrove reports to Dr. Whitley 10/10 abdominal pain that worsened with movement, did not improve with narcotics and minimal relief with IV Dilaudid to a pain score of 8/10. Dr. Whitley's physical exam of Mrs. Musgrove was positive for being pale, tachycardic, abdominal tenderness throughout her abdomen, a dilated cervical os, bleeding from the os, and with blood and clots in the vaginal vault.
- 35. Due to the continued drop in Mrs. Musgrove's hemoglobin and hematocrit, hypotension, tachycardia, and abdominal pain there was concern for uterine perforation. A CT scan was ordered and an additional 1 L of IV fluid bolus was administered.
- 36. A STAT CT of the abdomen and pelvis was performed. Per the report, there was a small amount of intraperitoneal free air and a small amount of hemoperitoneum within the pelvis, along the paracolic gutters and adjacent to the spleen. A focal defect within the uterine wall in the region of the fundus that was consistent with uterine perforation.
- 37. Mrs. Musgrove went directly from the CT to pre-op for a diagnostic laparoscopy, possible uterine repair, possible bowel repair, and possible cystoscopy.
- 38. Per the GW Hospital operative record, Mrs. Musgrove entered the OR at 2124, with the surgery starting at 2211. The surgery performed by Dr. Barnes was a diagnostic laparoscopy, lysis of adhesions, uterine perforation, and cervical laceration

repair. Per the operative report a posterior cervical laceration was present extending from the external os down to the posterior fornix. The laceration was re-approximated with a 2-0 Vicryl running non-locked stitch. The abdomen was then insufflated and a 5 mm Optiview trocar was advanced and found 300 cc of hemoperitoneum, a 6 cm posterior full thickness fundal perforation with active bleeding was found along with a 5 cm area of small bowel ischemia approximately 10 cm proximal to the ileocecal valve with a large rent in the small bowel mesentery at the same location. The full thickness fundal perforation was repaired in 2 layers using 2-0 PDO barbed suture stitch. The uterus was atonic and treated with pitocin, cytotec, methergin (2 doses), and bimanual pressure and massage. At this point the general surgery team took over for the injury to the bowel.

- 39. Babak Sarani, MD, trauma and critical care surgeon, performed an ileocecectomy due to small bowel ischemia. Per the operative report, Dr. Sarani was consulted intraoperatively to evaluate Mrs. Musgrove's intestine. Upon evaluation Dr. Sarani found a 5 cm area of small bowel ischemia approximately 10 cm proximal to the ileocecal valve with a large full thickness rent of the mesentery to the terminal ileum. Upon inspection the terminal ileum was found to ischemic, and the decision was made to proceed with an ileocecectomy. The terminal ileum and cecum were excised and a side to side anastomosis was created. The case was turned back over to the GYN service to finish and close the abdomen.
- 40. Prior to finishing the surgery Mrs. Musgrove's cervix was reexamined and monosol solution applied, her vagina was packed with Kerlex soaked in saline. Dr. Barnes

closed the fascia with 0-Vicryl and the skin was closed with 4-0 Monocryl followed by Dermabond. Mrs. Musgrove's remained intubated and was transferred to the ICU at 0156.

- 41. Per the pathology report received there was a bowel segment consisting of ileum = 13.0 cm in length x 4.0 cm open diameter, cecum and ascending colon = 7.0 cm in length x 8 cm open diameter; and proximal portion of appendix = 3.2 x 0.5 cm. The ileal serosal surface was 'dusky' red with areas of darker discoloration (6.0 cm from ileal surgical margin) which extends into the mesenteric adipose tissue (demonstrates a 3.0 cm patch of deep-dark red vs. adjacent pale red/pink tissue). Opening the ileum reveals a green tan, friable, well folded mucosa (possibly edematous at proximal to ileocecal valve) with a deep-dark patch of adhesed hemorrhage (same distance and length as the aforementioned outer surface discoloration). The pathologic diagnoses were: Segment of small intestine with mucosal ischemia, necrosis, transmural hemorrhage and serositis and segment of colon with mucosal ischemia, necrosis, submucosal hemorrhage, edema and serositis.
- 42. Mrs. Musgrove is evaluated by Dr. Barnes on August 18, 2019, at 0548. Dr. Barnes noted that the surgery was complicated by dilutional coagulopathy/DIC that was resolved with resuscitation with 3 units PRBC's, 3 units FFP, 1 unit platelets, and 2 gm. of TXA (tranexamic acid). Mrs. Musgrove had no additional bleeding, was extubated, but had continued significant pain 9/10 on her right side. The vaginal packing was removed without evidence of any additional bleeding. Dr. Barnes' plan was to consult pain management for Ketamine and lidocaine infusions. Dr. Barnes noted that the small bowel ischemia was secondary to direct trauma from suction curettage at the time of the D & E. Mrs. Musgrove was to be transferred to intermediate care on this same day.

- 43. On August 19, 2019, Mrs. Musgrove is evaluated by Ethan Litman, MD, PGY1 with Kathryn Marko, MD, OB attending, due to continued hypoxia while on 2L of oxygen and tachycardia with heart rates from 109 128. Mrs. Musgrove was placed on continuous telemetry for cardiac monitoring.
- 44. General surgery evaluated Mrs. Musgrove and noted she was having oxygen desaturations to the low 90's while on 2L of oxygen and she was mildly short of breath. Since Mrs. Musgrove had received TXA there was concern for pulmonary embolus (PE). Therefore, a CT angiogram PE protocol was ordered.
- 45. A CT angiogram of the chest was performed and was negative for pulmonary embolus. What was found were large pleura effusion with associated compressive atelectasis of the lower lobes and interlobular septal thickening, suggesting mild pulmonary interstitial edema.
- 46. Due to the findings on the CT angiogram, Mrs. Musgrove was given 20 mg of Lasix for her pleural effusions.
- 47. Mrs. Musgrove was discharged to home on August 22, 2019. Prior to discharge she was evaluated by Dr. Marko who discussed expectations on healing and returning to work and normal activities. Dr. Marko recommended waiting 1 1.5 years before trying to conceive. Additionally, with future pregnancies it was advised they be delivered via C-section at 37 weeks due to the risk of uterine rupture and abnormal placentation.

48. On October 2, 2019, Mrs. Musgrove is seen by Dr. Beckwith for routine follow-up. Mrs. Musgrove reported she continues to have vaginal bleeding that was moderate. Additionally, she was seen by general surgery, Dr. Maccarone.

COUNT I(Plaintiffs' Claims - Medical Negligence)

- 49. Plaintiffs Katherine Musgrove and Brandon Musgrove, incorporate herein by reference the allegations contained in numbered paragraphs 1 through 48.
- 50. Plaintiffs further allege that the Defendants had a duty to provide Plaintiff Katherine Musgrove with medical care and treatment consistent with national applicable standards of care under the same or similar circumstances.
- 51. Plaintiffs further allege that the Defendants, through their agents, servants and/or employees, violated the national standards of care as practiced by reasonably competent practitioners under the same or similar circumstances, and, as a proximate result, the Plaintiff Katherine Musgrove suffered physical injuries, mental anguish, permanent physical deficits, disfigurement, past and future economic losses, past and future medical expenses, and other damages.
- 52. The breaches of the national standard of care by the Defendants include, but are not limited to:
 - failure to cancel the procedure and proceed accordingly once it
 was determined that the fetus was deceased prior to the
 procedure;

- failure to provide plaintiffs with other options prior to the procedure;
- c. failure to properly perform the procedure;
- d. failure to provide informed consent;
- e. failure to timely recognize the injuries caused therein; and
- f. other negligence.
- 53. The Defendants failed to provide the Plaintiff Katherine Musgrove with medical care and treatment required by the national standard of care under the same or similar circumstances.
- 54. As a result of the Defendants' negligence, Plaintiff Katherine Musgrove has experienced severe and permanent physical harm, scarring and disfigurement, severe emotional distress, both past and future lost wages, past and future medical bills and will require significant medical care throughout her lifetime.
- 55. As a result of Defendants' negligence, the Plaintiffs suffered economic damages, physical pain and injury, and severe and enduring negligent infliction of emotional distress caused by her own physical injuries. They will be forced to live with these facts for the rest of their lives.
- 56. As a direct and proximate result of the aforementioned negligence of the above-named Defendants, the Plaintiffs Katherine Musgrove and Brandon Musgrove sustained pain and suffering, emotional distress and economic damages and assert claims for all other damages allowed by law.

WHEREFORE, Plaintiffs demand judgment against Defendants jointly and severally in the full sum of Twenty Million Dollars (\$20,000,000.00), plus costs and interest.

COUNT II (Lack of Informed Consent)

- 57. Plaintiffs incorporate herein by reference the allegations contained in numbered paragraphs 1 through 56.
- 58. Plaintiff Katherine Musgrove was never informed of the risks and alternatives or the risk of the complications that she sustained. She was also not informed that the fetus died and there were safer alternatives available that she was never offered.
- 59. Had Plaintiff been informed of the alternatives, and then recognized the risks, she would have elected a different procedure with a different provider and thus would have avoided the severe and permanent injuries and complications.
 - 60. Any reasonable patient would have done the same.
- 61. The Defendants' failure to provide informed consent was a proximate cause of damages and injuries to Plaintiff Katherine Musgrove.
- 62. As a result of Defendants' failure to provide timely informed consent, Plaintiff Katherine Musgrove suffered past and future economic damages, severe and permanent physical pain and injury, and severe and enduring emotional distress.

WHEREFORE, Plaintiffs demand judgment against Defendants Washington Surgi-Clinic, Inc. and Cesare Santangelo, M.D., in the full sum of Twenty Million Dollars (\$20,000,000.00), plus costs and interest.

COUNT III

(Plaintiffs' Claim-Negligent Infliction of Emotional Distress)

- 63. Plaintiff incorporates herein by reference the allegations set forth in numbered paragraphs 1 through 62.
- 64. In the context of the Defendants' relationship with the Plaintiffs, as healthcare providers who were to be tasked with safely terminating Plaintiff Katherine Musgrove's pregnancy under the applicable standard of care, this involved an especially likely risk of serious emotional distress. The Defendants had an obligation to care for Mrs. Musgrove's emotional well-being.
- 65. As a result of Defendants' negligence, Plaintiff Mrs. Musgrove suffered extreme physical pain and injury, scarring and disfigurement, and severe enduring emotional distress caused by Plaintiff's own physical experience knowing this could have been avoided. She will have to live with these facts and her disfigurement for the rest of her life.

WHEREFORE, Plaintiffs demand judgment against Defendants, jointly and severally, in the full sum of Twenty Million Dollars (\$20,000,000.00), plus costs and interest.

Count IV Loss of Consortium – Damage to Marital Relationship

- 66. Plaintiffs incorporate, by reference, paragraphs 1 through 65 above.
- 67. Plaintiffs Katherine and Brandon Musgrove are husband and wife and were so at the time of the injuries and wrongful conduct set forth herein.

68. As a result of the negligence of the Defendants, individually, vicariously, jointly, and severally, the Plaintiffs Katherine and Brandon Musgrove have suffered, and will continue to suffer, damage to their marital relationship, loss of household services, and loss of consortium.

WHEREFORE, Plaintiff demands judgment against Defendants, jointly and severally, in the full sum of Five Million Dollars (\$5,000,000.00), plus costs and interest.

JURY DEMAND

Plaintiffs demand a jury of six on all counts.

Respectfully submitted,

By: /s/ Catherine D. Bertram

Catherine Bertram #425052

cbertram@blg-dc.com

Bertram Law Group, PLLC 20 F Street, N.W., 7th Floor Washington, DC 20001

(202) 803-5800 - phone

(202) 803-6814 - facsimile

Counsel for Plaintiffs



Superior Court of the District of Columbia CIVIL DIVISION

Civil Actions Branch

500 Indiana Avenue, N.W., Suite 5000 Washington, D.C. 20001 Telephone: (202) 879-1133 Website: www.dccourts.gov

Katherine Musgrove, et al.

Plaintiff

Case Number 2022 CA 003382 M

Washington Surgi-Clinic, Inc.

VS.

Defendant

SUMMONS

To the above named Defendant:

You are hereby summoned and required to serve an Answer to the attached Complaint, either personally or through an attorney, within twenty one (21) days after service of this summons upon you, exclusive of the day of service. If you are being sued as an officer or agency of the United States Government or the District of Columbia Government, you have sixty (60) days after service of this summons to serve your Answer. A copy of the Answer must be mailed to the attorney for the plaintiff who is suing you. The attorney's name and address appear below. If plaintiff has no attorney, a copy of the Answer must be mailed to the plaintiff at the address stated on this Summons.

You are also required to file the original Answer with the Court in Suite 5000 at 500 Indiana Avenue. N.W., between 8:30 a.m. and 5:00 p.m., Mondays through Fridays or between 9:00 a.m. and 12:00 noon on Saturdays. You may file the original Answer with the Court either before you serve a copy of the Answer on the plaintiff or within seven (7) days after you have served the plaintiff. If you fail to file an Answer, judgment by default may be entered against you for the relief demanded in the complaint.

Catherine Bertram #425052

Name of Plaintiff's Attorney

20 F St., NW, 7th Fl

Address

Washington, DC 20001

(202) 803 - 5800

Date

Depoix Clerk 08/02/2022

Telephone

如需翻译, 请打电话 (202) 879-4828

Veuillez appeler au (202) 879-4828 pour une traduction

Để có một bái dịch, hãy gọi (202) 879-4828

IMPORTANT: IF YOU FAIL TO FILE AN ANSWER WITHIN THE TIME STATED ABOVE, OR IF, AFTER YOU ANSWER, YOU FAIL TO APPEAR AT ANY TIME THE COURT NOTIFIES YOU TO DO SO, A JUDGMENT BY DEFAULT MAY BE ENTERED AGAINST YOU FOR THE MONEY DAMAGES OR OTHER RELIEF DEMANDED IN THE COMPLAINT, IF THIS OCCURS, YOUR WAGES MAY BE ATTACHED OR WITHHELD OR PERSONAL PROPERTY OR REAL ESTATE YOU OWN MAY BE TAKEN AND SOLD TO PAY THE JUDGMENT. IF YOU INTEND TO OPPOSE THIS ACTION, DO NOT FAIL TO ANSWER WITHIN THE REQUIRED TIME.

If you wish to talk to a lawyer and feel that you cannot afford to pay a fee to a lawyer, promptly contact one of the offices of the Legal Aid Society (202-628-1161) or the Neighborhood Legal Services (202-279-5100) for help or come to Suite 5000 at 500 Indiana Avenue, N.W., for more information concerning places where you may ask for such help.

> See reverse side for Spanish translation Vea al dorso la traducción al español





TRIBUNAL SUPERIOR DEL DISTRITO DE COLUMBIA DIVISIÓN CIVIL

Sección de Acciones Civiles

500 Indiana Avenue, N.W., Suite 5000, Washington, D.C. 20001 Teléfono: (202) 879-1133 Sitio web: www.dccourts.gov

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contra	Demandante	
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Al susodicho Demandado:		
citatorio, excluyendo el día mismo de la entrega agente del Gobierno de los Estados Unidos de sesenta (60) días, contados después que usted h enviarle por correo una copia de su Contestaciabogado aparecen al final de este documento. Si copia de la Contestación por correo a la dirección A usted también se le require presentar Indiana Avenue, N.W., entre las 8:30 a.m. y 5:00 los sábados. Usted puede presentar la Contest demandante una copia de la Contestación o en el	Norteamérica o de laya recibido este o de laya recibido este o la la abogado de el demandado no tin que aparece en este la Contestación or o p.m., de lunes a vitación original antilo plazo de siete (7), podría dictarse u a.	lías contados después que usted haya recibido este sted está siendo demandado en calidad de oficial o el Gobierno del Distrito de Columbia, tiene usted citatorio, para entregar su Contestación. Tiene que la parte demandante. El nombre y dirección del ene abogado, tiene que enviarle al demandante una e Citatorio. riginal al Tribunal en la Oficina 5000, sito en 500 ernes o entre las 9:00 a.m. y las 12:00 del mediodía e el Juez ya sea antes que usted le entregue al días de haberle hecho la entrega al demandante. Si n fallo en rebeldía contra usted para que se haga SECRETARIO DEL TRIBUNAL
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如需翻译, 请打电话 (202) 879-4828 Veuillez appeler a 生物學學園學/[顯202) 879-4828 至 经 的學/[顯	iu (202) 879-4828 pouru	me traduction — Để có một bài dịch, hãy gọi (202) 879-4828 ጉም ለማግኘት (202) 879-4828 _ይደውሉ
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DICTARSE UN FALLO EN REBELDÍA CONTRA U	ISTED PARA OUE S	SE LE CORRE LOS DAÑOS Y PERTUCIOS ILOTRO

M DI DESAGRAVIO QUE SE BUSQUE EN LA DEMANDA. SI ESTO OCURRE, PODRÍA RETENÉRSELE SUS INGRESOS, O PODRÍA TOMÁRSELE SUS BIENES PERSONALES O BIENES RAÍCES Y SER VENDIDOS PARA PAGAR EL FALLO. SI USTED PRETENDE OPONERSE A ESTA ACCIÓN, NO DEJE DE CONTESTAR LA DEMANDA DENTRO DEL PLAZO EXIGIDO.

Si desea conversar con un abogado y le parece que no puede pagarle a uno, llame pronto a una de nuestras oficinas del Legal Aid Society (202-628-1161) o el Neighborhood Legal Services (202-279-5100) para pedir ayuda o venga a la Oficina 5000 del 500 Indiana Avenue, N.W., para informarse sobre otros lugares donde puede pedirayuda al respecto.

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Catherine Bertram #425052

Name of Plaintiff's Attorney

20 F St., NW, 7th Fl

Address

Washington, DC 20001

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Veuillez appeler au (202) 879-4828 pour une traduction

Để có một bái dịch, hãy gọi (202) 879-4828

IMPORTANT: IF YOU FAIL TO FILE AN ANSWER WITHIN THE TIME STATED ABOVE, OR IF, AFTER YOU ANSWER, YOU FAIL TO APPEAR AT ANY TIME THE COURT NOTIFIES YOU TO DO SO, A JUDGMENT BY DEFAULT MAY BE ENTERED AGAINST YOU FOR THE MONEY DAMAGES OR OTHER RELIEF DEMANDED IN THE COMPLAINT, IF THIS OCCURS, YOUR WAGES MAY BE ATTACHED OR WITHHELD OR PERSONAL PROPERTY OR REAL ESTATE YOU OWN MAY BE TAKEN AND SOLD TO PAY THE JUDGMENT. IF YOU INTEND TO OPPOSE THIS ACTION, DO NOT FAIL TO ANSWER WITHIN THE REQUIRED TIME.

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> See reverse side for Spanish translation Vea al dorso la traducción al español



EXIGIDO.



TRIBUNAL SUPERIOR DEL DISTRITO DE COLUMBIA DIVISIÓN CIVIL

Sección de Acciones Civiles

500 Indiana Avenue, N.W., Suite 5000, Washington, D.C. 20001 Teléfono: (202) 879-1133 Sitio web: www.dccourts.gov

	Demandante	
cons	ra	
		Número de Caso:
	Demandado	
	CITATORIO	
Al susodicho Demandado:		
agente del Gobierno de los Estad sesenta (60) días, contados desputenviarle por correo una copia de abogado aparecen al final de este copia de la Contestación por correo. A usted también se le recondiana Avenue, N.W., entre las 8 los sábados. Usted puede presente demandante una copia de la Contestación por correo.	los Unidos de Norteamérica o del G és que usted haya recibido este citate su Contestación al abogado de la documento. Si el demandado no tiene o a la dirección que aparece en este Ci- quire presentar la Contestación origin 30 a.m. y 5:00 p.m., de lunes a vierne star la Contestación original ante el estación o en el plazo de siete (7) días a Contestación, podría dictarse un fa a en la demanda.	está siendo demandado en calidad de oficial o dobierno del Distrito de Columbia, tiene usted orio, para entregar su Contestación. Tiene que parte demandante. El nombre y dirección del abogado, tiene que enviarle al demandante una tatorio. al al Tribunal en la Oficina 5000, sito en 500 es o entre las 9:00 a.m. y las 12:00 del mediodía Juez ya sea antes que usted le entregue al de haberle hecho la entrega al demandante. Si llo en rebeldía contra usted para que se haga CRETARIO DEL TRIBUNAL
Nombre del abogado del Demandante		
	Por:	
Dirección		Subsecretario
	Fecha	
MENCIONADO O, SI LUEGO DE O	Veuillez appeler au (202) 879-4828 pour une tr 528 室 神紀神紀 『かって ትርታም』 CUMPLE CON PRESENTAR UNA ONTESTAR, USTED NO COMPAREC	aduction Để có một bài dịch, hãy gọi (202) 879-4828 ሉማተናት (202) 879-4828 ይደውሱ CONTESTACIÓN EN EL PLAZO ANTES Œ CUANDO LE AVISE EL JUZGADO, PODRÍA E COBRE LOS DAÑOS Y PERJUICIOS U OTRO

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PODRÍA TOMÁRSELE SUS BIENES PERSONALES O BIENES RAÍCES Y SER VENDIDOS PARA PAGAR EL FALLO. SI USTED PRETENDE OPONERSE A ESTA ACCIÓN, <u>NO DEJE DE CONTESTAR LA DEMANDA DENTRO DEL PLAZO</u>

> Vea al dorso el original en inglés See reverse side for English original



Superior Court of the District of Columbia CIVIL DIVISION

Civil Actions Branch

500 Indiana Avenue, N.W., Suite 5000 Washington, D.C. 20001 Telephone: (202) 879-1133 Website: www.dccourts.gov

Katherine Musgrove, et al.

VS.

Plaintiff

Case Number 2022 CA 003382 M

C. Paprah, CRNA

Defendant

SUMMONS

To the above named Defendant:

You are hereby summoned and required to serve an Answer to the attached Complaint, either personally or through an attorney, within twenty one (21) days after service of this summons upon you, exclusive of the day of service. If you are being sued as an officer or agency of the United States Government or the District of Columbia Government, you have sixty (60) days after service of this summons to serve your Answer. A copy of the Answer must be mailed to the attorney for the plaintiff who is suing you. The attorney's name and address appear below. If plaintiff has no attorney, a copy of the Answer must be mailed to the plaintiff at the address stated on this Summons.

You are also required to file the original Answer with the Court in Suite 5000 at 500 Indiana Avenue. N.W., between 8:30 a.m. and 5:00 p.m., Mondays through Fridays or between 9:00 a.m. and 12:00 noon on Saturdays. You may file the original Answer with the Court either before you serve a copy of the Answer on the plaintiff or within seven (7) days after you have served the plaintiff. If you fail to file an Answer, judgment by default may be entered against you for the relief demanded in the complaint.

Catherine Bertram #425052

Name of Plaintiff's Attorney

20 F St., NW, 7th Fl

Address

Washington, DC 20001

(202) 803 - 5800

Date

08/02/2022

Telephone

如需翻译, 请打电话 (202) 879-4828

Veuillez appeler au (202) 879-4828 pour une traduction

Để có một bái dịch, hãy gọi (202) 879-4828

번역출 원항시편,(202)879-4828黨 전數等級附記 - የአማርኛ ትርጉም ለማማኘት (202)879-4828 - ይደውሎ

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Superior Court of the District of Columbia

CIVIL DIVISION- CIVIL ACTIONS BRANCH

INFORMATION SHEET

Katherine Musgrove, et al.	Case Number:	2022 CA 003382 M
vs	Date: August 1	, 2022
Cesare Santangelo, M.D.		e defendants is being sued ficial capacity.
Name: (Please Print) Catherine D. Bertram		Relationship to Lawsuit
Firm Name: Bertram Law Group		Attorney for PlaintiffSelf (Pro Se)
Telephone No.: Six digit 202-803-5800 42505	Unified Bar No.: 2	☐ Other:
TYPE OF CASE: Non-Jury Demand: \$65,000,000.00	6 Person Jury Other:	☐ 12 Person Jury
PENDING CASE(S) RELATED TO T		Calendar #:
Case No.:	Judge:	Calendar#:
NATURE OF SUIT: (Check One	Box Only)	
A. CONTRACTS		COLLECTION CASES
02 Breach of Warranty 06 Negotiable Instrument	☐ 07 Personal Property ☐ 09 Real Property-Real Estate ☐ 12 Specific Performance ☐ 13 Employment Discrimination	☐ 14 Under \$25,000 Pltf. Grants Consent☐ 16 Under \$25,000 Consent Denied☐ 17 OVER \$25,000 Pltf. Grants Consent☐ 18 OVER \$25,000 Consent Denied☐ 18 OVER \$25,0
B. PROPERTY TORTS		
	☐ 03 Destruction of Private Property ☐ 04 Property Damage (a)	05 Trespass 06 Traffic Adjudication
C. PERSONAL TORTS		
01 Abuse of Process 02 Alienation of Affection 03 Assault and Battery 04 Automobile- Personal Injury 05 Deceit (Misrepresentation) 06 False Accusation 07 False Arrest 08 Fraud	09 Harassment 10 Invasion of Privacy 11 Libel and Slander 12 Malicious Interference 13 Malicious Prosecution 14 Malpractice Legal 15 Malpractice Medical (Including Wrongful) 16 Negligence- (Not Automobile, Not Malpractice)	☐ 17 Personal Injury- (Not Automobile, Not Malpractice) ☐ 18 Wrongful Death (Not Malpractice) ☐ 19 Wrongful Eviction ☐ 20 Friendly Suit ☐ 21 Asbestos ☐ 22 Toxic/Mass Torts ☐ 23 Tobacco ☐ 24 Lead Paint

SEE REVERSE SIDE AND CHECK HERE $\ \square$ IF USED

Information Sheet, Continued

[1
C. OTHERS O1 Accounting O2 Att. Before Judgment O4 Condemnation (Emin. Domain) O5 Ejectment O7 Insurance/Subrogation Under \$25,000 Pltf. Grants Consent O8 Quiet Title O9 Special Writ/Warrants (DC Code § 11-941)	☐ 10 T.R.O./ Injunction ☐ 11 Writ of Replevin ☐ 12 Enforce Mechanics Lien ☐ 16 Declaratory Judgment ☐ 17 Merit Personnel Act (OEA)	□ 25 Liens: Tax/Water Consent Granted □ 26 Insurance/ Subrogation
II. 03 Change of Name 06 Foreign Judgment 13 Correction of Birth Certificate 14 Correction of Marriage Certificate	☐ 15 Libel of Information ☐ 19 Enter Administrative Order as Judgment [D.C. Code § 2-1802.03 (h) or 32-1519 (a)] ☐ 20 Master Meter (D.C. Code § 42-3301, et seq.)	☐ 21 Petition for Subpoena [Rule 28-I (b)] ☐ 22 Release Mechanics Lien ☐ 23 Rule 27(a) (1) (Perpetuate Testimony) ☐ 24 Petition for Structured Settlement ☐ 25 Petition for Liquidation
Catherine Be		08/01/2022
Attorney's Signatur	e	Date



SUPERIOR COURT OF THE DISTRICT OF COLUMBIA

CIVIL DIVISION Civil Actions Branch

500 Indiana Avenue, N.W., Suite 5000, Washington, D.C. 20001 Telephone: (202) 879-1133 • Website: www.dccourts.gov

Vs.
WASHINGTON SURGI-CLINIC INC et al

C.A. No. 2022 CA 003382 M

INITIAL ORDER AND ADDENDUM

Pursuant to D.C. Code § 11-906 and District of Columbia Superior Court Rule of Civil Procedure ("Super. Ct. Civ. R.") 40-I, it is hereby ORDERED as follows:

- (1) This case is assigned to the judge and calendar designated below. All future filings in this case shall bear the calendar number and the judge's name beneath the case number in the caption.
- (2) Within 60 days of the filing of the complaint, plaintiff must file proof of service on each defendant of copies of (a) the summons, (b) the complaint, and (c) this Initial Order and Addendum. The court will dismiss the claims against any defendant for whom such proof of service has not been filed by this deadline, unless the court extended the time for service under Rule 4(m).
- (3) Within 21 days of service (unless otherwise provided in Rule 12), each defendant must respond to the complaint by filing an answer or other responsive pleading. The court may enter a default and a default judgment against any defendant who does not meet this deadline, unless the court extended the deadline under Rule 55(a).
- (4) At the time stated below, all counsel and unrepresented parties shall participate in a remote hearing to establish a schedule and discuss the possibilities of settlement. Counsel shall discuss with their clients <u>before</u> the hearing whether the clients are agreeable to binding or non-binding arbitration. This order is the only notice that parties and counsel will receive concerning this hearing.
- (5) If the date or time is inconvenient for any party or counsel, the Civil Actions Branch may continue the Conference <u>once</u>, with the consent of all parties, to either of the two succeeding Fridays. To reschedule the hearing, a party or lawyer may call the Branch at (202) 879-1133. Any such request must be made at least seven business days before the scheduled date.

No other continuance of the conference will be granted except upon motion for good cause shown.

(6) Parties are responsible for obtaining and complying with all requirements of the General Order for Civil cases, each judge's Supplement to the General Order and the General Mediation Order. Copies of these orders are available in the Courtroom and on the Court's website http://www.dccourts.gov/.

Chief Judge Anita M. Josey-Herring

Case Assigned to: Judge MAURICE ROSS

Date: August 2, 2022

Initial Conference: REMOTE HEARING - DO NOT COME TO COURTHOUSE SEE REMOTE HEARING INSTRUCTIONS ATTACHED TO INITIAL ORDER

9:30 am, Friday, November 04, 2022

Location: Courtroom 100

500 Indiana Avenue N.W. WASHINGTON, DC 20001

ADDENDUM TO INITIAL ORDER AFFECTING ALL MEDICAL MALPRACTICE CASES

D.C. Code § 16-2821, which part of the Medical Malpractice Proceedings Act of 2006, provides, "[a]fter action is filed in the court against a healthcare provider alleging medical malpractice, the court shall require the parties to enter into mediation, without discovery or, if all parties agree[,] with only limited discovery that will not interfere with the completion of mediation within 30 days of the Initial Scheduling and Settlement Conference ('ISSC'"), prior to any further litigation in an effort to reach a settlement agreement. The early mediation schedule shall be included in the Scheduling Order following the ISSC. Unless all parties agree, the stay of discovery shall not be more than 30 days after the ISSC."

To ensure compliance with this legislation, on or before the date of the ISSC, the Court will notify all attorneys and *pro se* parties of the date and time of the early mediation session and the name of the assigned mediator. Information about the early mediation date also is available over the internet at https://www:dccourts.gov/pa/. To facilitate this process, all counsel and *pro se* parties in every medical malpractice case are required to confer, jointly complete and sign an EARLY MEDIATION FORM, which must be filed no later than ten (10) calendar days prior to the ISSC. D.C. Code § 16-2825 Two separate Early Mediation Forms are available. Both forms may be obtained at www.dccourts.gov/medmalmediation. One form is to be used for early mediation with a mediator from the multi-door medical malpractice mediator roster; the second form is to be used for early mediation with a private mediator. Plaintiff's counsel is responsible for eFiling the form and is required to e-mail a courtesy copy to earlymedmal@dcsc.gov. Unrepresented plaintiffs who elect not to eFile must either mail the form to the Multi-Door Dispute Resolution Office at, Suite 2900, 410 E Street, N.W., Washington, DC 20001, or deliver if in person if the Office is open for in-person visits.

A roster of medical malpractice mediators available through the Court's Multi-Door Dispute Resolution Division, with biographical information about each mediator, can be found at www.dccourts.gov/medmalmediation/mediatorprofiles. All individuals on the roster are judges or lawyers with at least 10 years of significant experience in medical malpractice litigation. D.C. Code § 16-2823(a). If the parties cannot agree on a mediator, the Court will appoint one. D.C. Code § 16-2823(b).

The following people are required by D.C. Code § 16-2824 to attend personally the Early Mediation Conference: (1) all parties; (2) for parties that are not individuals, a representative with settlement authority; (3) in cases involving an insurance company, a representative of the company with settlement authority; and (4) attorneys representing each party with primary responsibility for the case.

No later than ten (10) days after the early mediation session has terminated, Plaintiff must eFile with the Court a report prepared by the mediator, including a private mediator, regarding: (1) attendance; (2) whether a settlement was reached; or, (3) if a settlement was not reached, any agreements to narrow the scope of the dispute, limit discovery, facilitate future settlement, hold another mediation session, or otherwise reduce the cost and time of trial preparation. D.C. Code§ 16-2826. Any Plaintiff who is unrepresented may mail the form to the Civil Actions Branch at [address] or deliver it in person if the Branch is open for in-person visits. The forms to be used for early mediation reports are available at www.dccourts.gov/medmalmediation.

Chief Judge Anita M. Josey-Herring

Civil Remote Hearing Instructions for Participants

The following instructions are for participants who are scheduled to have cases heard before a Civil Judge in a **Remote Courtroom**

Option1: (AUDIO ONLY/Dial-in by Phone):

Toll 1 (844) 992-4762 or (202) 860-2110, enter the Meeting ID from the attachment followed by #, press again to enter session.

Please call in no sooner than 5 minutes before your scheduled hearing time. Once you have joined the session, please place your phone on mute until directed otherwise. If you should happen to get disconnected from the call, please call back in using the phone number and access number provided and the courtroom clerk will mute your call until the appropriate time.

If you select Option 2 or Option 3 use the Audio Alternative

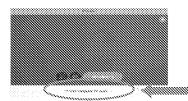
Option 2: (LAPTOP/ DESKTOP USERS 1):

Open Web Browser in Google Chrome and copy and paste following address from the next page: https://dccourts.webex.com/meet/XXXXXXXXX

Option 3: (LAPTOP/ DESKTOP USERS 2):

Open Web Browser in Google Chrome and copy and paste following address https://dccourts.webex.com Select Join, enter the Meeting ID from the next page

AUDIO ALTERNATIVE: Instead of automatically using **USE COMPUTER FOR AUDIO**, select **CALL-IN** and follow the **CALL-IN** prompt window. Use a cell phone or desk phone. You will be heard clearer if you **do not** place your phone on SPEAKER. It is very important that you enter the **ACCESS ID** # so that your audio is matched with your video.



Option 4: (Ipad/SMART PHONE/TABLET):

- Go to App Store, Download WebEx App (Cisco WebEx Meetings)
- Sign into the App with your Name and Email Address
- Select Join Meeting
- Enter address from the next page: https://dccourts.webex.com/meet/XXXXXXXXXX
- Click join and make sure your microphone is muted and your video is unmuted (if you need to be
- seen). If you only need to speak and do not need to be seen, use the audio only option.
- When you are ready click "Join Meeting". If the host has not yet started the meeting, you will be placed in the lobby until the meeting begins.

For Technical Questions or issues Call: (202) 879-1928, Option #2

Superior Court of the District of Columbia Public Access for Remote Court Hearings (Effective August 24, 2020)

The current telephone numbers for all remote hearings are: 202-860-2110 (local) or 844-992-4726 (toll free). After dialing the number, enter the WebEx Meeting ID as shown below for the courtroom. Please click a WebEx Direct URL link below to join the hearing online.

Audio and video recording; taking pictures of remote hearings; and sharing the live or recorded remote hearing by rebroadcasting, live-streaming or otherwise are not allowed

Division Courtroom	Courtroom	,,	Public Access via WebEx	
	Scheduled in Courtroom	WebEx Direct URL	WebEx Meeting ID	
Auditor	206	Auditor Master	https://dccourts.webex.com/meet/ctbaudmaster	129 648 5606
Master		Hearings		
	100	Civil 2 Scheduling	https://dccourts.webex.com/meet/ctb100	129 846 4145
		Conferences; Status,		
		Motion and Evidentiary		
		Hearings including		
Civil		Bench Trials		
	205	Foreclosure Matters	https://dccourts.webex.com/meet/ctb205	129 814 7399
	212	Civil 2 Scheduling	https://dccourts.webex.com/meet/ctb2.12	129 440 9070
		Conferences; Status,		
		Motion and Evidentiary		
		Hearings including		
		Bench Trials		
	214	Title 47 Tax Liens; and	https://dccourts.webex.com/meet/ctb214	129 942 2620
		Foreclosure Hearings		
	219	Civil 2 Scheduling	https://dccourts.webex.com/meet/ctb219	129 315 2924
		Conferences; Status,		
		Motion and Evidentiary		
		Hearings including		
		Bench Trials		
	221	Civil 1 Scheduling	https://dccourts.webex.com/meet/ctb221	129 493 5162
		Conferences; Status,		
		Motion and Evidentiary		
		Hearings including		
		Bench Trials		
	318	Civil 2 Scheduling	https://dccourts.webex.com/meet/ctb318	129 801 7169
		Conferences; Status,		
	320	Motion and Evidentiary	https://dccourts.webex.com/meet/ctb320	129 226 9879
		Hearings including		
		Bench Trials		

400	Judge in Chambers Matters including	https://dccourts.webex.com/meet/ctb400	129 339 7379
	Temporary Restraining		
	Orders, Preliminary		
	Injunctions and Name		
	Changes		
415	Civil 2 Scheduling	https://dccourts.webex.com/meet/ctb415	129 314 3475
516	Conferences; Status,	https://dccourts.webex.com/meet/ctb516	129 776 4396
517	Motion and Evidentiary Hearings including	https://dccourts.webex.com/meet/ctb517	129 911 6415
518	Bench Trials	https://dccourts.webex.com/meet/ctb518	129 685 3445
519		https://dccourts.webex.com/meet/ctb519	129 705 0412
JM-4		https://dccourts.webex.com/meet/ctbjm4	129 797 7557
A-47	Housing Conditions Matters	https://dccourts.webex.com/meet/ctba47	129 906 2065
B-52	Debt Collection and Landlord and Tenant Trials	https://dccourts.webex.com/meet/ctbb52	129 793 4102
B-53	Landlord and Tenant Matters including Lease Violation Hearings and Post Judgment Motions	https://dccourts.webex.com/meet/ctbb53	129 913 3728
B-109	Landlord and Tenant Matters	https://dccourts.webex.com/meet/ctbb109	129 127 9276
B-119	Small Claims Hearings and Trials	https://dccourts.webex.com/meet/ctbb119	129 230 4882